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ORIGINAL DEPARTMENT.

Communications.

Excision of the Os Calcis and Cuboideum; re-section of the proximal extremity of the Fifth Os Metatarsi, and of the articulating surface of the Astragalus for Scrofulous Caries of the Astragalo-Calcaneal Articulation.

By A. G. WALTER, M. D.,
Of Pittsburgh, Pa.

Mary Gormly, of this city, aged 21 years, of confirmed scrofulous constitution, had suffered from a severe sprain of the left foot five years ago, which was followed by pain and swelling, confining itself at first to the astragalo-calcaneal articulation, at its sides, but gradually surrounding the whole joint and forming tumors of an indistinctly fluctuating nature in front of the joint and on each side of the tendo-Achillis. Locomotion having become very painful, she had recourse to the use of crutches for the last two years. About twelve months ago, a fistula had opened on the outside, on a level with the joint, discharging a thin glairy fluid. A probe being introduced passed readily across the joint—the articulatory surfaces being deprived of cartilage and destroyed by caries. The general health had been giving way, emaciation was progressing, appetite failing, with a teasing paroxysmal cough. Various local and constitutional remedies having been prescribed by different practitioners during several years, and with little benefit, amputation was insisted upon, which the patient, however, resolutely opposed. She was admitted into my hospital, consenting to the resection of the joint.

On July 21, 1856, assisted by Drs. Lusk & Pillichody, the patient being fully under the influence of chloroform, the resection of the diseased parts was begun by an incision, commencing over the insertion of the tendo-Achillis into the os calcis, downward along the longitudinal axis of the os calcis to its articulation with the tarsal bones in the sole of the foot; from its termination, cross-cuts were carried to each side of the foot. Two large lateral flaps were thus formed in the planta pedis, which were reflected, by dissection, from the sides of the os calcis, and held upward. The calcaneus was next resected from its articulation with the cuboid bone, and lifted off, by dissection, from the astragalus from before backward. The os cuboideum being found carious, was excised too, with the articulatory surface of the os-metatarsi digiti quinti. The articulation of the astragalus being found denuded of cartilage, carious, and covered with a thick, pulpy membrane, was removed, leaving a healthy, bony surface. There was a great deal of capillary bleeding during the operation, which was readily checked by iced water, the arteria tarsea, externa and interna only requiring ligation. The large T-shaped wound was closed by several silver sutures, a tent having been placed between the lips at the apex of the heel to allow free exit to the secreta. The limb was kept raised upon pillows. Cold water dressings at first were applied; afterwards, cataplasmata of flaxseed, and an opiate was given at bed-time. Reaction was moderate, suppuration timely and gentle, and with it the capillary congestion and swelling about the joint soon subsided. After some weeks, fever and cough having ceased, appetite returned, and recovery was steadily progressing. The wound being closed

in two months, some swelling, however, on the inside of the foot below the inner ankle now appeared, which, though unaccompanied by pain, caused some apprehension. The heel remained too full; but under the continued use of poultices of slippery elm, alternated with corn meal cataplasmata, all swelling finally disappeared. After several months the foot became useful. The heel is still full, plump and rounded; a thick cushion of cellular and adipose tissues occupying the place of the lost calcaneus. The patient able to walk on crutches with comfort, and a few months later, on her foot unsupported, and wearing a common shoe without any padding for the heel. More than three years now having elapsed since the operation, the patient walking with ease and without lameness, and being in the enjoyment of perfect health, the cure must be considered perfect.

The happy result which conservative surgery accomplished in the foregoing case, is of more than ordinary interest, considering the amount of bony support which had to be removed, the scarcely perceptible alteration in the shape of the heel, and the perfect usefulness which the member has regained, no additional support of any kind being needed.

Examination of the bony structures removed, showed most extensive destruction; not only the articulatory surface of the astragalus was corroded, necessitating its removal to the extent of about half an inch; but the calcaneus being hollowed out by carious ulceration, the os cuboideum softened and carious, and the articulation of the os metatarsi digiti quinti destroyed by ulceration. Great, however, as was the loss of bony support of the back part of the foot, the powers of nature were found more than equal to the task, not only of saving the limb, but of repairing the amount of injury occasioned by resection and restoring the member to its legitimate shape and usefulness.

Cases like the present cannot fail to stimulate the surgeon to still further exertion in the field of conservative surgery, convinced as he is, that he is far from having nature's powers exhausted and humiliated by the reflection,

that the full extent of her reparative powers will not be witnessed by him, no matter how attentive he may be in studying her workings; and that only to posterity will belong the triumph of having unfolded the yet hidden resources of nature, whose bright and plain teachings will be the sure guides of action—a coveted treasure, which, to us, is yet denied, notwithstanding the talent, industry, and faithfulness with which we are devoting our lives to the relief of suffering humanity.

On the Relations of Ulcerations of the Urethra, in Pregnant Females, to Stomatitis Materni, and Vomitings, during Gestation.

By B. WOODWARD, M. D.,
Of Galesburg, Ill.

In August, 1849, I was called upon to prescribe for Mrs. C., a primipara, in the sixth month of gestation. For two months she had suffered from constant vomitings, by which she was much reduced. She complained also of severe ardor urinæ. The ardor was so severe that she restrained from urination as long as possible, yet she had a constant disposition to urinate. She had been ineffectually treated by several physicians. I instituted such treatment as I thought adapted to her case, with but very little benefit. Both of the symptoms became so aggravated that life became a burden. Under these circumstances, I asked for and obtained an ocular examination of the parts, and found the meatus urinarius red and tumefied, and covered with apthous patches. Dilating the urethra with a speculum auri, the most appropriate thing I had, the urethra, as far as could be seen, was ulcerated. I directed the urethra to be injected with sulphate of zinc, grs. iv., sulphate of morphia, grs. ij., to an ounce of water, after each micturition. This course very soon cured the ulcerations, and the ardor, and to my great surprise the vomitings ceased. As she was anæmic, I put her on quinia and iron, under which treatment convalescence was rapid. Ten days prior to her accouchement the ardor returned, and symptoms of stomatitis materni showed themselves. Resort was had to the injections of the

urethra, as well as treatment to the mouth, without much relief until after her confinement, when the ardor measurably subsided; but the stomatitis did not yield for four weeks, during which time she was treated with bitter tonics and iron. During the persistence of the stomatitis, an ulcerated condition of the urethra obtained three different times, and in each case yielded to the injections.

From that time to the present, October, 1859—ten years—I have made notes of nine cases of ardor urinæ during pregnancy, and in every case where I could get an examination, I have found an ulcerated condition of the urethra. In three of these cases there have been vomitings, and in six cases stomatitis materni has supervened.

In June, 1858, I was called to Mrs. —, primipara, young and delicate, in the fourth month of gestation; has for three weeks been confined to her bed; constant vomitings and severe ardor urinæ; has for the past week been catheterized from four to six times every twenty-four hours. Examining the urethra with the speculum auri, (an instrument well adapted to dilate the urethra) I found it covered with patches of ulceration, and one, about an inch within the orifice, as large as a grain of wheat. Injected the canal with fifteen grains of nitrate of silver to an ounce of water. This caused intense pain for a few minutes, but after washing out the canal with tepid soft water the pain passed off, and she retained the urine for two hours, which she had not been able to do for a long time. This was on the 15th; on the 16th, scalding not so severe, and the vomiting partially allayed. Directed to inject urethra twice in twenty-four hours, with solution of nitrate of silver, grs. x, to an ounce of water, and, after each micturition, with solution of opium, grs. v, to an ounce of water. This treatment was continued five days, with very little either of the ardor or vomiting. On the 22d, she complained of severe throbbing pain in the urethra, and could not void urine. Injected the urethra four times in twenty-four hours, with mucilage of ulmus, holding in solution of morphia, grs. iv. to the ounce. 24th. Pain in urethra intense, cannot bear introduction of catheter; examination with spe-

culum auri revealed an abscess as large as a filbert, an inch within the meatus, which was evacuated by passing an exploring needle through the speculum; about a drachm of pus was discharged; washed out the canal with aqueous solution of opium. 26th. Complains of lancinating pain in the track of ureter to the left kidney, which was painful on pressure over the region. On the 29th, another abscess broke, discharging, as her nurse says, a teaspoonful of matter. Directed the canal to be injected twice in twenty-four hours with solution of nitrate of silver, five grains to the ounce of water, and with elm mucilage after each micturition. During the persistence of the ulcerated condition and formation of the abscess, the vomitings have been constant. From this time to a week prior to her accouchement, her health was good, but then the ardor urinæ returned, and symptoms of stomatitis materni appeared. She had a long and tedious labor, but gave birth to a healthy female child. The stomatitis proved intractable, and she was obliged to procure a wet nurse, when the stomatitis disappeared, as did also the ardor which had continued through the stomatitis.

The points of interest in the above cases are, the dependence of vomiting and stomatitis on this ulcerated state of the urethra; and the ulceration, etc., caused by some deprivation of the blood. That this last is the case, seems to be highly probable, from the fact that in all the cases I have observed, it has been necessary to resort to restorative hæmatics in conjunction with the local means employed.

I am aware that these may be but coincident cases, and that they are too few to establish a theory. We must look to the experience of practitioners in large cities and hospitals, for either confirmation or disproof of any particular theories. There is one other view to which I wish to call attention, and that is, that in my experience stomatitis materni has been most prevalent in seasons when miasmatic diseases have prevailed.¹

¹ Were not all the symptoms above detailed, merely the result of a cachexia, and not connected with each other except as results of a common cause, the treatment of which by the tonics, caused the relief of the dependent symptoms?—Eds.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

OCTOBER 12TH.

Service of Dr. J. Forsyth Meigs.

(Reported by Mr. J. B. Hayes.)

Post-mortem Specimen—Death caused by extensive and unobserved Disease of the Colon.—The history of the patient from whom these specimens were taken, is as follows: He was 22 years of age, a native of Ireland, and a hack-driver by occupation. He went to Cuba about the 1st of last March, and worked three days on the railway from Havana to Matanzas. The men employed on this work suffered from a great amount of illness. He was taken sick with fever of a severe form, almost immediately after his arrival upon the road, having with the fever delirium, abdominal pain, and great debility. He was in the company's hospital two months; got better, and on his passage home suffered from diarrhoea. He reached this city on the 19th of June, and was for some time sick with chills in a sailors' boarding house. He came into the hospital on the 14th of July, and remained till the 29th, when he was discharged, relieved. His case was looked upon as one of *anæmia*, resulting from chronic intermittent fever.

On the 18th of August, after dining upon coarse food, he threw up all his meal, together with a large quantity of blood. He returned to the hospital on the 22d, pallid and unhealthy looking, having an earthy, dirty complexion,—what Dr. Gibson used to call a cold buckwheat-cake face. He had no fever, a little pain in the epigastric region, an enlarged spleen, but no enlargement of the liver. His tongue was rather too smooth and glazed. He had then only a slight diarrhoea.

From this time he became gradually worse, in spite of the most careful regulation of his food, and the exhibition of various remedies. The most prominent symptoms were vomiting, gradual but steady loss of strength and flesh, but little pain, and diarrhoea. The only pain he suffered from was located in the epigastric region, and this was the only part of the abdomen tender upon pressure. Over the lower parts of the abdomen, whether over the cæcum, the ascending, transverse, or descending colon, there was absolutely no soreness, nor any complaints of pain. The diarrhoea was moderate in the beginning, but increased very much toward the last. There was no tenesmus, and he had not, at any time, I beg you to remark, a dysenteric stool, such as I have been in the habit of seeing. The dejections were rather large; they were thin, and consisted of flocculent, feculent materials, of a brownish color, floating in a thin, watery liquid. I examined a number of his stools, and had them examined re-

peatedly by the resident physicians, Drs. Hutchinson and Reed, and at no time did we observe any blood, mucus, or pus. There were at times some small, whitish, grainous particles, which I supposed to be portions of undigested caseine of milk, but which might have been shreds of pseudo-membrane. The stools were those we constantly find in chronic diarrhoea. I certainly did not even suspect that he had severe dysenteric inflammation of the colon. The prominent symptoms were vomiting, which was constantly repeated, and often attended with great effort and distress, loss of appetite and digestive power, emaciation, progressive weakness, and diarrhoea.

Toward the close of the case, there was an unusual degree of aortic pulsation in the left of the epigastric region, and I could feel, lying across the aorta, just above the umbilicus, a hard, oblong body, which seemed to be an enlarged pancreas. The absence of expansile pulsation in the aorta, and absence of murmur, precluded the idea of aneurism, and the increased pulsation was therefore thought to be due to an impulse communicated to a hardened body lying across the aorta. The large hematæmia with which the late illness began, the severity of the dyspeptic symptoms, and the frequency and urgency of the vomiting, pointed to disease of the upper part of the alimentary canal. The diarrhoea remained to be accounted for. The lungs were found to be healthy, else we might have suspected tubercular diarrhoea. The absence of dysenteric symptoms drew our attention away from the large intestine as the seat of disease; so that, gentlemen, we were sadly puzzled to make a diagnosis. There was at one time some jaundiced hue of the skin, but as the stools were never without bile, as the urine was free from it, and as there was no very decided enlargement of the liver, we supposed this might be only a secondary condition, dependent on disease of the alimentary canal. I supposed, on the whole, that the condition might be one of ulcer of the stomach, and one of my friends suggested ulcer of the duodenum.

Treatment.—Rigid diet of arrow-root with milk at first, and wine and quinine. After a time, as the patient rejected the milk, it was given in small quantities mixed with lime-water. He became disgusted with this, and was allowed chicken soup and rice. Toward the last, yolk of egg, mixed with wine, and small quantities of beef-tea, were given, but the vomiting recurred in spite of every thing. When the diarrhoea became severe, bismuth, kino, and opium, and laudanum enemata, were freely administered. Stimulants also were used from an early period.

The post-mortem appearances you will now see: The lungs are in good condition.

The heart is not altered in structure; there was an anemical murmur, not as Dr. Walshe describes over the base, but over the apex of the heart, and yet the mitral valves are quite healthy.

The stomach is very much dilated; its color is too deep; the mucous coat is thickened and softened; there are no large ulcerations, but some small superficial ones, with what Rokitsansky calls hæmorrhagic erosions. The stomach is thickened and dilated from chronic gastritis.

The duodenum is, as you can perceive, very considerably dilated, and all its coats are thickened, especially the mucous, which is also softened, but there are no ulcerations. The lower extremity of the duodenum was found to be fastened to the edge of the liver, and to the gall-bladder, by pretty strong adhesions.

The pancreas is enlarged and hardened, but it is not scirrhus, nor does it exhibit any appearance of recent inflammation.

The spleen is natural.

The liver is decidedly enlarged. Its lobular structure is extremely well marked. It has the nutmeg appearance described by authors. By some this condition is thought to be the early stage of cirrhosis; by others, it is thought to be merely a state of congestion.

The kidney presents nothing remarkable.

In the large intestine is found the immediate cause of the man's death. The cæcum is in an advanced stage of inflammation and ulceration. The ascending and transverse colon is not to so great a degree affected as the descending colon and the rectum. Here there are deep ulcerations, with projections of the mucous membrane between. We have here just such an appearance as Habershon has described; large portions of the mucous membrane are lost, the remaining portions looking like polypoid formations.

Now, gentlemen, this case may serve to impress upon you the difficulty there sometimes is in making a diagnosis, which the autopsy would seem to show ought to have been easy. The severity of colonitic disease here exhibited, ought, we would think, to have been very readily detected during life. There was diarrhoea, to be sure, but there was also hæmatemesis, and, from that time, urgent gastric symptoms. The only pain complained of was in the epigastric region. There were neither the colics of dysentery, the soreness over the colon, nor the bloody and mucous stools, with tenesmus, which almost invariably attend even chronic dysentery. In fact, the gastric symptoms predominated so much, in the early part of the time during which the case was under observation, and continued so urgent throughout the case, that they masked, as it were, the intestinal condition, particularly, let

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it be remarked, as the latter was singularly absent in so far as characterized by pain, and the ordinary features of dysenteric dejections. We must not forget, either, that there was very serious disease of the stomach and duodenum, as shown by the dilatation of both these organs, by the thickened condition of their coats, and by the presence in the stomach of hæmorrhagic erosions. I wish to call your attention especially to the peritoneal adhesions which fastened the lower end of the duodenum to the liver and gall-bladder. These not only marked the existence of a serious inflammation of that organ, but they explain also, I cannot but think, the dilatation of the stomach and duodenum. At the point where the adhesions were found, there must have been a partial arrest of the peristalsis, which would naturally give rise to dilatation of the parts behind, and tend to increase the frequency and severity of the vomiting.

The great error in making the diagnosis, was in the not having attended sufficiently to the history of the patient. Had I borne in mind properly the fact, that the patient contracted his illness in a tropical climate, and had had more or less diarrhoea from the beginning, I should have been led, by a simple reflection upon the frequency of diarrhoea from colitic disease in those climates, to the true seat of the bowel disorder, and perhaps a still more careful examination of the stools might have shown the presence of shreds, or patches, of false membrane, or of portions of purulent matter occupying the lower part of the vase. But, gentlemen, like Columbus' egg, it is very easy to see all this after the trick is shown.

OCT. 15TH.

Service of Dr. Norris.

Fractures of the Upper Extremity.—Dr. Norris remarked that in this house they had occasion to treat a great number of fractures. It was impossible that the student should see too many, and to-day he would present some of the most simple kind.

Case 1st.—Fracture of middle of humerus. This occurred in a lad four days before; the symptoms of fracture were very evident. His usual mode of treatment was to bandage the arm from the fingers to the shoulder, and apply an internal angular splint reaching to the extremities of the fingers; this kept the fore-arm at rest, and was more comfortable to the patient. The angle of the splint should be changed with each dressing, approaching each time nearer to a right angle. An external, short, pasteboard splint, softened in warm water and moulded to the arm, made the dressing more secure.

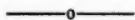
Case 2d.—Compound fracture of humerus near the elbow. This was admitted a week ago; the

wound was about an inch and a half above the olecranon process, and did not extend into the joint.

Treatment.—The same splints were used and the wound dressed by adhesive strips, to promote union by the first intention. This could rarely be effected in compound fractures; from the appearance of the wound, it was likely to fill up rapidly with granulations.

Several cases of fracture of the lower third of the radius were exhibited, in different stages of progress toward a cure, the peculiar deformity pointed out, and the different modes of dressing exhibited and explained. In bad cases of this fracture, and in the early stages generally, Dr. N. preferred two straight splints, the posterior reaching to the extremities of the fingers, and the anterior reaching to the metacarpophalangeal articulation. If there was much deformity, compresses should be employed. The fragments should not be retained too forcibly in position during the first and second days of the fracture.

There was danger in this fracture of producing false ankylosis of the restrained joints. To avoid this, passive motion should be made at every dressing. Another method was to employ Bond's splint. One patient was exhibited whose fracture was of four weeks' duration, and upon whom Bond's splint was employed; if properly employed and watched, it was a good mode of treatment. Dr. N. thought it did not make so good an arm; and where the displacement was great, he believed it absolutely necessary to confine the fingers in an extended position. A roller was applied immediately to the arm. Union generally took place in adults in from five to six weeks.



JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

OCT. 15.

Clinic of Prof. Gross.

Ulcer of the Leg.—This patient had been shown to the class on several occasions. The ulcer had existed for many years. Two weeks ago the ulcer was large and deep, its edges were abrupt, and it was covered by an exudation of an aplastic character. The skin surrounding it was inflamed and congested, of a bluish red color. Dr. G. upon that occasion, scarified the surrounding parts by light strokes of a bistoury, after immersing the limb in warm water. The ulcer was touched with the acid nitrate of mercury, a poultice ordered to be applied,

and a low diet enjoined. An ointment was also prescribed for subsequent dressings.

R. Hydrarg. super nitratis, ℥i,
Cerat. simpl. ʒvij. M.

The limb was now less swollen and congested, the ulcer was covered with granulations, and everything was tending to reparation.

Scrofulous Disease of the Ankle.—The patient was boy four years of age. The disease had originated three months before, apparently from an unknown cause. The joint was swollen and its function impaired; there was lameness, and pain after exercise or on the slightest touch. Its surface was preternaturally warm.

Affections occurring in this articulation, Dr. G. remarked, and in the hip, were apt to be of a strumous character; and from the history of the parents of this child he inferred that this case was of that nature; it was like pulmonary consumption to all intents and purposes. There was evidently a fluid within the joint; the skin over the malleoli was puffed. The character of the fluid he was not prepared positively to assert. He assumed that it was serous or sero-purulent. He would make no puncture; injury would be done by the admission of air, and he must endeavor to get rid of the fluid by some other means. If he thought there was pus here, he should not hesitate to let it out; he would assume that it acted as a source of irritation; it should be evacuated from joints as well as from other parts of the body.

Treatment.—In the first place, rest should be made *a sine qua non* in the treatment. Without rest it was impossible to make any satisfactory progress. The patient should be placed in a recumbent position, and should not be permitted to get up for any purpose whatever.

This was an indispensable prerequisite to the cure. The larger the articulation, the greater the necessity for absolute repose.

Diet.—The patient should have no coffee, tea, or meat. He might take milk, stale bread, rice, and potato. As a purgative he would order,

R. Pil. hydrarg. gr. ij,
Jalapæ, gr. v,
Sodæ bicarb. gr. ij. M.

To be taken every 4th day.

The sufferer waked frequently at night with pain. This denoted the importance of an anodyne.

He would order,

R. Morphine sulph. gr. ʒ,
Ant. et potas. tart. gr. 1-20,
Tr. veratriæ, gtt. iv. M.

Locally, pretty thorough vesication of the joint should be produced by cantharidal ointment, two

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parts to one of simple cerate, or better, by cantharidal collodion; then a wilted cabbage leaf should be applied to provoke a free discharge from the vesicated surface. This was an old and familiar application to blistered surfaces. He knew none better-

Spina Bifida.—This was a child of three months. It presented in the sacral region, in the middle line, an elastic, almost translucent tumor, of a bluish color, of the size of a small orange, and productive of pain on pressure. In all other respects the child was well formed and healthy. It was, Dr. G. remarked, a case of spina bifida—hydrorachitis—watery spine. Here all the contents of the spinal column protruded through a cleft in the sacrum. This tumor was filled with a serous fluid, and, as Magendie pointed out thirty-two years ago, it communicated with the ventricles of the brain. If the fluid were to be suddenly drained off, the child would be thrown into convulsions.

Dr. G. proposed to withdraw a portion of the fluid, and inject an equal quantity of dilute tincture of iodine. Operation postponed till next clinic day.

Spasmodic Stricture of Oesophagus.—This patient was a female, 20 years of age. She had had difficulty of swallowing for six months. The stricture was spasmodic; there were intervals of complete comfort.

A probang, tipped with an ivory ball, was introduced to ascertain the exact situation of the difficulty. It was found to be a little below the junction of the pharynx and oesophagus.

Cause.—Some spinal irritation was observed here. Derangement of the general health, of digestion, or of the menstrual function, were frequent causes of stricture of the oesophagus.

Treatment.—Before instituting a method of treatment, the functions of the different organs should be examined into. Spinal irritation should be removed. If the menstrual function be deranged, we should correct this; we should improve the general condition of the system. As a temporary measure, nothing was better than the introduction of a probang beyond the seat of stricture. Pressure on the seat of disease was followed by a subsidence of the spasm. We should purge, pay attention to the secretions, and to the diet. In this way we might expect ultimately to effect a cure.

Dr. G. had a patient who for four years had not been able to eat at her father's table. Under his treatment she was now incomparably better, and able to eat with comfort.

Operation—Removal of Testis.—On the last clinic day this tumor of the testis had been exhibited to the class, and Dr. G. entered into a diagnosis on the

principle of exclusion. It was not of a malignant nature, and the exploring needle had proved it to be partly fluid and partly solid. Velpeau had once found the remains of a fœtus in the scrotum of a man; such Dr. G. presumed was not the case here. It was impossible to say what it was. He proposed, after etherizing the patient, to introduce a trocar, and if he should find the parts greatly diseased, he should proceed to liberate the patient from this enormous mass by a further operation.

The puncture was made at the upper part of the tumor, and a fluid altogether unusual in appearance and consistence was discharged through the canula. It was a dirty looking fluid, amounting to 20 ounces, and containing more or less cholesterin—micaceous looking particles; it was evidently an old hydrocele. The remainder of the tumor was solid, and of large size.

Dr. G. then, by two elliptical incisions, sacrificing a small portion of the integument in front, proceeded to take off the skin by a rapid dissection, continuing it carefully around the cord; the penis and sound testicle being kept at a safe distance by an assistant. The spermatic cord was seized with forceps, before division, which strongly compressed it and prevented its retraction. There was no disposition to bleed after its division, although its veins were found enormously enlarged.

He should apply no dressing but cold water for the next four or five hours. It was of the utmost importance to secure every bleeding vessel; then he should bring the parts together with the interrupted suture.

Upon examination of the testis after its removal, it was found to be an encysted tumor—the *cystic testicle* described by Sir Astley Cooper. The cysts were congregated in immense numbers, from the size of a clover seed to a hazel nut; some of the younger cysts contained a serous fluid, the older ones a solid substance. He was not sorry that he had sacrificed the testicle.

OCTOBER 19TH..

Spina Bifida—Two Cases.—One of these cases was exhibited to the class on the last clinic day, on which occasion Dr. G. made some remarks upon the nature of the disease. Another case had since presented itself, and he proposed to perform upon both the operation recommended by Dr. Brainerd, of Chicago, namely: the withdrawal of a portion of the fluid, and the injection of dilute tincture of iodine, and iodide of potassium, with the view of exciting adhesive inflammation and a deposit of lymph. Various other methods of cure had been resorted to, usually fruitless of good results.

Operation.—A curved needle was introduced into the tumor through the skin, at its base, avoiding a

direct perforation, and a drachm of its contents drawn off by the puncture. A solution of one-eighth grain iodine to a drachm of distilled water was then introduced through the puncture by a syringe, with delicate beak, leaving the tumor nearly as tense as before the operation. A strip of plaster and collodion were applied to the puncture to prevent draining away of the fluid and the operation was complete, with no untoward result immediately following.

The *prognosis* was unfavorable; most die before the end of the first year, from ulcerative action and discharge of the contents of the tumor.

Operation for Traumatic Aneurism.—This patient presented a cicatrix upon the external side of the right leg, about three and a half inches below the head of the fibula. He was wounded in this place four years ago by an Indian arrow, pointed with a locust thorn; the withdrawal of the arrow was followed by a jet of blood. A pulsating tumor afterward arose, which ceased to have this character a few months ago. The patient suffers inconvenience and desires relief by an operation. There was a tumor upon the outside of the limb between the tibia and the fibula, evidently a traumatic aneurism, Dr. G. assumed of the anterior tibial artery, although he was by no means certain, that this was the vessel involved. He presumed that it was now filled by a clot. There was a probability that the injury was inflicted a short distance below the origin of the anterior tibial artery, and Dr. G. proposed to cut down over this artery between the heads of the tibia and fibula, turn out the clot and ligate the artery—a difficult operation, for the vessel here was deeply seated.

Operation.—The patient was etherized and a tourniquet applied over the femoral artery. An incision was made over the tumor on the anterior aspect of the limb, and an ovoidal clot turned out the size of an egg. It was found impossible to apply a ligature to the bleeding vessel, and the femoral artery was immediately ligated in the usual position; this failed to check the hæmorrhage, which was not arrested until the posterior tibial was cut down upon, and the ligature applied in two places.

MEDICAL DEPARTMENT OF PENNSYLVANIA COLLEGE.

OCTOBER 15TH.

Clinic of Dr. Halsey.

Hæmorrhoids.—A man aged 50 years was brought before the class. Has been affected with the piles for more than six months. During this time he has suffered severely at different periods with inflam-

mation and swelling about the anus. The attacks have been so severe as to cause him to be confined to his room. On examination, we find several large hæmorrhoidal tumors on one side of the anus, and which are covered with mucous membrane, or rather a muco-cutaneous membrane. Sometimes their covering consists of the skin alone. At first these tumors are soft and fluctuating, containing venous blood, but as inflammation sooner or later is set up in them they become hardened from the effusion and organization of the plastic lymph. There are two kinds of piles, the *internal* and *external*. The former are often called blind or bleeding piles, as they are attended always by more or less hæmorrhage, and are not observable externally, except when forced down by the patient. Sometimes the bleeding is so great as to cause serious disturbance of the health of the patient. Hæmorrhoids are the effects of a varicose condition of the hæmorrhoidal veins which lie underneath the mucous membrane. Whatever cause that may produce an obstruction to the emptying of these veins will be likely to produce congestion and dilatation of the vessels. If the cause be continued for any length of time the dilatation becomes permanent, forming swellings or tumors in the folds of the anus, or under the mucous membrane of the lower part of the large bowel. These causes are various, constipation, pregnancy, congestion, or torpidity of the liver, etc.

The first symptoms that manifest themselves indicative of this disease are a pricking and itching sensation which is sometimes almost intolerable, they being much worse at night just when the patient has become warm in bed. There is a sensation as if there was a foreign body in the rectum, also a sense of fullness. When the tumors become large they interfere with walking on account of the pain and irritation the act produces, and patients come to us to get relief from this great annoyance chiefly.

In the treatment of this disease, the surgeon should seek out the cause and endeavor to remove this as well as to remove the tumors. The treatment will be constitutional and local. As these piles are external and hard we will remove them all by piercing them with a hook one by one, and clipping them off down to the base with the curved scissors. Internal piles should always be removed by the ligature on account of the great bleeding that may follow the operation, and the difficulty of controlling it.

We will order our patient to take about two scruples of the flower of sulphur twice a day to produce a soft and copious stool, and an occasional blue pill grs. v, to arouse the liver to greater action.

Chronic Rheumatic Arthritis.—The patient a young man, several years ago, when a child, had his arm broken near the elbow joint. He could never straighten it perfectly after this injury. Between two and three years ago he noticed first that he could not bend his arm as much as before, that the motion of the elbow joint was more limited, and it gave him more pain in damp weather. The motion has been getting less and less ever since. When we attempt to pronate and supinate the hand we find that these motions are limited also, besides, there is plainly to be felt a mucous crepitus when we rotate the head of the radius. Instead of finding the head of this bone smooth and rounded, it has an irregular feel as if there were a bony deposit upon it. This, no doubt, is the fact. In the dried diseased specimen which I hold in my hand, you will observe, that there has been thrown out a bony deposit on every part of the articulating surfaces of these bones at this joint. There results from such deposit, just what we have in the patient, a great limitation of the motions of the joint. This disease may occur in any of the joints, the hip-joint especially. The periosteum and the ligamentous tissues seem to be the principal parts that are affected at first, the disease being a slow and insidious form of inflammation of these structures which results in the deposit of these osteophytes.

When the disease is seen early, by the use of counter irritants, and the administration of iod. potassæ, it may sometimes be arrested. The treatment should be persevered in for a long time however, or no good results will follow. In this case, I would recommend blisters occasionally to the part, and

R Iod. potassæ, ʒij.

Syrupus sarzæ, ʒiv. M.

Take a teaspoonful three times daily.

Medical Societies.

ACADEMY OF MEDICINE, NEW YORK.

[Prepared for the MEDICAL AND SURGICAL REPORTER from photographic reports.]

The regular meeting of the Academy took place October 19th, Dr. S. CONANT FOSTER in the chair.

In reference to the introduction of nostrums into the Academy, the Council reported the following resolution:

"Whereas, this Academy has no power or control over the manufacture and sale of these preparations, being only able to speak of the particular samples presented for their inspection and approval, they would, therefore, recommend the Academy to decline reporting upon them altogether."

On motion of Dr. McNULTY, the resolution was adopted.

Dr. GRISCOM then made a motion to the following effect:

"Resolved, That the Council be requested to consider and report to the Academy on the propriety of excluding from the meetings of the Academy all reporters for other than medical journals;" which was agreed to.

Dr. VAN KLEEK announced the death of Dr. John F. Ferguson, a fellow of the Academy, and a committee was appointed to prepare the usual resolutions.

YELLOW FEVER AND QUARANTINE.

In the absence of Dr. Watson, Dr. FOSTER wished to state to the Academy what he knew to be the views of this gentleman upon the subject, on which he had had free conversations with him during his illness, and that Dr. Watson was in favor of laying the whole subject on the table.

Dr. GRISCOM stated, that he had not intended to address the Academy further upon this subject; but he wished to make a few remarks upon some most extraordinary statements that had been made at the previous meeting—statements which, when they are repeated, would strike the Academy with utter astonishment. In the absence of certain individuals, however, he would postpone these remarks, and wait until they were present. He would only add, that, to judge from the debate on the resolution, the subject seemed to have been entirely misapprehended; whether intentionally or not, he would not pretend to say. The whole question had been entirely befogged the other evening, and the original question wholly lost sight of. He wished to be distinctly understood, that the question of fomites was not the question before the Academy, neither had it been the question before the sanitary convention. The true question was then, and is now, whether yellow fever was personally communicable. The subject of fomites was merely incidental, a proviso to the resolution, and had nothing to do with the main question. The resolution was introduced in order to obtain the opinion of the Academy, whether personal quarantine could be abolished, provided fomites be rigidly excluded; whether an individual sick with yellow fever could be introduced into the community with safety. The gentlemen, instead of discussing the main point, have entered into a lengthy debate on the existence or non-existence of fomites. Now the resolution simply declares, that personal quarantine of individuals may be safely abolished, and that is all. If there are such things as fomites, let them be excluded; and if there are none, why the proviso of itself does not create them, and its practical significance falls to the ground of itself. It harms no one, if fomites do not exist, as

some believe, because then there will be none to exclude; if they exist, however, as many are convinced, why then the proviso excludes them, as it should. The resolution was introduced with the proviso, to enable those who differ in their opinions regarding fomites, to vote on the main question of the communicability of yellow fever from person to person. He had not expressed an opinion in his paper as to the existence or non-existence of fomites; but only discussed, incidentally, what fomites *might* be, and their probable nature.

DR. PETER VAN BUREN would protest against the construction which Dr. Griscom had put on the resolution. He thought that the whole resolution was before the Academy for discussion, and he did not see why the Academy should be confined to only one half of it. He thought that the discussion must necessarily take a broad range. He had an opinion on the subject, and at some future meeting might take the privilege of expressing it. As the resolution stands now, it intimates that fomites convey contagion, and that, therefore, quarantine is necessary. If not, why was the proviso introduced? In regard to the adoption of the resolution, he wished to say that he fully concurred in the sentiments of the President, Dr. Watson, as stated by the Vice-President, and hoped the whole subject would be quietly laid upon the table. It is quite certain that the gentlemen of the profession who had offered contrary opinions upon this subject will not have them altered in the slightest degree by the passage of this resolution. The doctor remarked, in conclusion, that it was very difficult for him to believe that fomites were not produced by emanations from the body of the sick person, and he was convinced that the clothing of the patient could become so saturated with the effluvia arising from the body, as to be capable of transmitting the disease to others.

DR. GRISCOM remarked that no such idea was conveyed in the resolution. The question was, simply, whether yellow fever is contagious or not. The gentlemen should not pervert the strict meaning of the resolution and the proviso in this way; they must be candid upon this subject. Gentlemen speak about laying this whole matter upon the table.—What is this New York Academy of Medicine? Are we *men* or children, that we dare not come forward and express an opinion on this subject? Do the gentlemen fear that the passage of a resolution of opinion upon this matter would have the effect of putting the Academy of Medicine out of existence?

DR. POST stated that obviously the object of introducing the proviso was not clearly understood. it was appended to the resolution for the sake of securing a unanimous vote upon the main question, and does not in any way express the opinion of the convention as to the existence, the non-existence, or

the essential nature of fomites; but it simply declares, that if fomites exist they should be excluded, and on this we all must agree.

DR. VAN BUREN said that he could very well understand that this had probably been the motive for which the proviso was introduced; but notwithstanding all that, let any individual read the resolution, and he can come to only one conclusion in regard to the matter, and that is, that the sanitary convention thought that fomites could communicate the disease; that, he thought, would strike almost any one as a necessary conclusion. The resolution says expressly that yellow fever is not communicable from person to person, and therefore personal quarantine may be abolished: but it would appear from the proviso that fomites may produce the disease; therefore the restrictions of quarantine are necessary, to exclude danger from this source.

A member here called upon Dr. Griscom to state his experience with yellow fever in the New York Hospital.

DR. GRISCOM.—We had twelve cases in the hospital in 1856; two were under his own observation. Of the whole number, ten died and two recovered. They were all the worst kind of cases. Not one of these patients communicated the disease to another individual, and of course fomites were not present. He would again repeat that, in order to render clothing, bedding, etc., *fomites*, they must be steeped in an infected atmosphere; the emanations of the yellow fever patient did not, in his opinion, render the clothes infectious; to render them so the patient must have come from an infected locality, where the atmospheric and terrene emanations that produce the disease have saturated them.

DR. McNULTY proposed to strike out the proviso. It seemed to him that everything was perfectly clear up to this point. Then the matter is simply reduced to the question, whether yellow fever is to be considered as a contagious disease or not. He hoped that the members would come to a vote on this question, and decide it fairly and squarely, and not lay the resolution on the table.

DR. BATCHELDER moved that yellow fever was not personally contagious. He wished to come to this matter directly through this motion, divested of any connection with the action of another body.

The reading of the resolution was then called for, when a motion was made to adopt the first clause.

The President called for a vote on this, but before it was taken—

DR. STEVENS obtained the floor. He remarked that, in the debate on this resolution, some remarks had been made on the character of the gentlemen composing the Sanitary Convention, which he very much regretted to have heard from members of this Academy. Having been chairman of the committee representing this Academy in that convention, he

felt bound to say, that a more enlightened body of gentlemen, many of whom were perfectly conversant with the subject of yellow fever, had never been assembled in this city, or, in his opinion, in the world. There the question was fully and ably discussed, and not a solitary instance of the contagiousness of yellow fever could be brought forth; and if the Academy attempt to disprove the truths contained in this resolution, they place themselves in the same position as the College of Physicians in England, when they attempted to disprove the discovery of the circulation of the blood by Harvey. It was kicking against bricks and biting against a file. He desired to rescue this society from doing anything of this kind. If you vote this resolution down, or lay it on the table, what will men say all over the country? Why here are a parcel of physicians laying down laws in contradiction to facts. If thus you rush into the rejection of that resolution, you rush headlong into disgrace. But excuse me, perhaps I speak too freely; I am willing to do anything to save your credit.

Dr. SAYRE moved that the whole matter be laid upon the table. There was not one in ten in the profession who knew anything practically of this disease. Neither did many of the men who voted in favor of the resolution in the Sanitary Convention know anything more about the disease than the man in the moon. All they cared about was to go to the dinner at the Astor House or St. Nicholas; and the first thing they knew about the vote, was when they saw their names in the newspapers.

Dr. McNULTY called the gentleman to order.

Dr. SAYRE: I can give you the names if you want them; Dr. Lee Jones was one.

After some promiscuous debate an amendment to strike out the proviso, was made and accepted by Dr. Griscom.

Dr. REESE, who had a few minutes before entered the room, next obtained the floor. He said, that he wanted to be heard very briefly, if that question was still open. He need not say to the Academy, with the sentiment thus far expressed, that he agreed entirely with the resolution, as it stood now without the proviso, but he would not vote for it, on account of the manner and circumstances under which it had been introduced in this body. It was unprecedented that a preamble and resolution should be presented before a body of this kind unless the preamble recites some *reason*, upon which the resolution is based, or some *ground* for the adoption of the resolution. Whereas this house is burned down, therefore resolved, that we proceed to build it up; in that case the preamble gives some reason for the adoption of the resolution. What is the character of this resolution before you? Whereas a convention adopted such and such reso-

lutions, therefore resolved, that the Academy adopt them. (The Doctor was here informed that both preamble and proviso had been withdrawn, and were hence not under discussion.) That places the resolution then altogether in another light. It was chiefly in regard to fomites, that I wished to be heard. He would offer as an amendment the following:

"Resolved, that in the absence of any evidence establishing the conclusion that yellow fever has ever been conveyed by fomites, therefore we deny that fomites can convey the disease."

Dr. REESE then went on to repeat the statements made in his paper read at the previous meeting, relating to the Sanitary Convention held in Philadelphia in 1858, where the same men had distinctly announced that yellow fever was *not communicable by fomites, but from person to person, while this New York Convention passed a resolution that it was not communicable from person to person, but by fomites*. He considered the latter proposition as far more dangerous to commerce than the former, and yet the Academy is called upon to endorse this resolution. He was prepared to show by the most direct evidence, by proof perfectly *irresistible*, that fomites never communicated yellow fever, and the same of plague and every other infectious disease. Why is the proviso now withdrawn, when we are ready to discuss it and show its fallacy? Discretion seemed however in this case to be the better part of valor, and he would ask the mover of the resolution to withdraw it, or the Academy to lay it upon the table as the only means of saving the honor of the Academy, and thereby show a decided disinclination to express any opinion upon the subject. He objected against the endorsement of the resolution, even after the withdrawal of the fomites. Let the resolution be withdrawn altogether or laid upon the table.

Dr. GRISCOM said that he had a serious duty to perform. He would show, that statements had been made before this Academy at its last meeting, and had been repeated here to-night, which were false from beginning to end, and whoever it concerns must bear the brunt. It is not sufficient to have defamed that convention, as composed of the odds and ends of boards of health! He stood here to vindicate the profession of the United States, which had been assailed, and it was not his fault if in doing so he must expose *falsehood*. (Calls to order.) He was ready to answer for all that he said. It has been twice declared, to-night and at the previous meeting, that the Convention in Philadelphia in 1858 passed a resolution, directly the reverse to that of the Convention in New York. He would ask gentlemen to bear that assertion in mind and never to forget it. There was no Con-

vention held in that year in Philadelphia, none sir! This is falsehood number one. In that year the Convention was held in Baltimore. In 1857, a Convention had been held in Philadelphia. And as regards the resolutions, which are alleged to have been passed, *contradictory* to those in New York, he held in his hand full minutes of the proceedings of both the Baltimore and Philadelphia Conventions of 1858 and 1857, and not one single thing of that sort is to be found in either of these books. This is falsehood number two; the whole story is made of whole cloth, and false from bottom to top.

In the paper which he had read before the Academy, it was laid down as a law, that two distinct causes cannot produce the same effect. If yellow fever be caused by emanations from the living body, it cannot be the result of terrene exhalations or the decomposition of vegetable matter. But if on the contrary, as is now well settled to be the case, it is the result of terrene exhalations and decomposing vegetable matter, then it cannot at the same time be the result of animal emanations, and hence cannot be communicable from person to person. If the result of animal emanations, then it might be contagious, and not till then.

Dr. Rush had been declared on this floor as no authority, and why? Because he had the magnanimity to change his opinions upon this subject. He considered that very fact as giving him the highest title to authority. When a man not only changes long-cherished opinions, but has the magnanimity and the candor to come out and publicly acknowledge his previous error, he considered him the most exalted man living.

In conclusion, the Doctor remarked that he held in his hand the minutes of the Sanitary Convention. Recorded in this compendious volume as members of that Convention, which had been so much defamed here, were the names of nearly fifty of the most distinguished members of this Academy. Here they are recorded as having taken part in its discussions. It was one of the most distinguished collections of men that he had ever seen; the American Medical Association never surpassed it. *These* were the gentlemen that had been referred to as the "odds and ends" of boards of health. The Common Council of the city of New York have done an inestimable service to the medical profession in getting up this volume. It is a masterly production. The code of sanitary laws here published, is a most excellent compendium of sanitary matters, and will be the guide to sanitary improvement for every city in the United States in the course of time. In behalf of the Common Council of the City of New York he presented this, the first volume, to the library of the Academy of Medicine.

DR. FRANCIS remarked that he thought this subject should be laid aside, many members being absent. He was fairly tired of this discussion on yellow fever. We may discuss it from now till new-year, and we will never come any nearer to its settlement. All that can possibly be said upon the subject has been heard, and he thought it would be better to cut it short. How are we to determine the primordial origin of yellow fever? Some consider it as purely an imported disease, others think that it may have its origin here. Some think that it has an animal, others that it has a vegetable origin. Therefore you may fall back upon the theory of Dr. Adams that yellow fever is a specific disease, the cause of which we know but little about.

He thought that the personal communicability of this disease had been here discussed in a very extraordinary way; he could not see how such a strong line could be drawn between fomites and personal contagion as had been attempted in this debate. If such a thing can be carried out as to divest a man of all fomites; if a man is to be stripped and turned out into the streets entirely nude; if you can accomplish such a thing, (which may be very good in theory,) into practice, you will institute a new system in medicine, which indeed will have a very remarkable effect. It will be a curious sight to see these men divested of all fomites, walk about in our streets. It reminded him of the people walking about the streets of London with bladders filled with vital air, which they breathed to prolong their existence.

He did not wish the Academy to come to a vote on this resolution. He wanted the Academy to stand upon its own foundation, and not to be playing second fiddle to the sanitary or any other convention. Finally, he suggested that a committee be appointed to investigate the subject and report upon its merits on some future day. Then with our eyes open, and our ideas expanded, we shall see what we will be able to do with this most intricate resolution.

DR. STEVENS would be very glad to descend from the high metaphysical tone, which the discussion had assumed, down to a little plain common sense. It was Rousseau, he believed, who, when he had written a work, was in the habit of reading it to his chambermaid, and if she could not understand it, he would never publish it. Now, if we cannot conduct this discussion in such a way that any plain, sensible man can understand it, we are talking to very little purpose. The question should be considered in the view of *facts*, aside from mere theoretical reasoning.

No evidence has been introduced to show that yellow fever has ever been communicated from one person to another; if you wish to break down that

resolution, you must bring forward your *facts* to the contrary. A great deal has been said about fomites, so much indeed, that the whole subject seems to have become mystified. Nothing however is more plain and clear than this part of the subject, if viewed with a little common sense. Clothes may imbibe infectious material from an infected place, and any person coming in contact with the person wearing those infected clothes may catch the disease; this is what is meant by fomites. A person with yellow fever cannot give the disease to his clothes, and so personally communicate it. The clothes, it should always be borne in mind must come from an infected place. Some gentlemen have ridiculed the idea of fomites. But he would state a case in point. Clothes coming from the West Indies, where yellow fever was prevalent at the time, were put up in the garret at a house in Tenth street, and the next spring a person, who opened the trunk and handled the clothes, caught the disease.

(A MEMBER: Copland's dictionary contains a number of such instances.)

In 1819 and 20, when the yellow fever was prevalent in New York, as soon as the persons were taken away from the infected district, every one went to see them with perfect impunity, and not one took the disease. He would beg the gentlemen to confine themselves to *facts*, and not endeavor to obfuscate plain common sense evidence. It had been remarked, that this resolution should not be passed, out of respect for the feelings of certain gentlemen. If you will make a preamble to that effect, stating that on account of Dr. A. or Dr. B. you will not pass the resolution, I consent; otherwise these gentlemen have no right to stand in the way of truth.

DR. REESE. Though the subject of fomites had, as he was informed, been withdrawn, yet as the discussion had taken on a wide range, he desired to say something about fomites. The whole subject of fomites had been thoroughly investigated by a committee appointed by the British Parliament. This investigation was entered into with great zeal and ability, and a determination to arrive at the facts by all connected with it, from the highest to the lowest. The witnesses examined before that committee were put on oath, and examined separately. Cotton, pillows, all manner of clothing, beds, and mattresses, upon which patients hundreds and thousands had slept and died, were scattered abroad, yet not one single person took the disease from them. The history of epidemics in New Orleans established the same facts, and never, wherever yellow fever has prevailed, had fomites communicated the disease any more than it had been spread from person to person. These are the accumulated facts, that can be presented in every country under heaven where the disease has existed.

DR. STEVENS. This is certainly not applicable to this country. We have no occasion to go abroad for evidence; we have enough of it here. He doubted very much whether any man would dare to sleep upon a bed that I will bring him from the West Indies.

DR. REESE. There is *one*, that is, after the bed has been made clean. He had slept on beds on which yellow fever patients had died, and they were infected certainly, if the theory of fomites were true.

DR. STEVENS. That may be true: but it must be borne in mind that it requires a certain degree of intensity of the fomites to render them capable of spreading the disease.

DR. REESE. My opinion is that the disease is just as contagious as a broken leg, and no more. It was a very easy matter to dispose of the whole question—let the mover withdraw it. Retreat is better than defeat. He would not have the slightest objection to have a committee appointed to report upon the subject; he should be rejoiced to see such a report from men who know something about yellow fever.

DR. A. K. GARDNER would ask whether, in a case where a man had died at quarantine from yellow fever, and a bottle of black vomit, the liver and other viscera were brought up to the pathological society and exhibited there, together with the patient's clothing, the clothes, if infected, would communicate the disease, while the morbid specimens would not.

DR. STEVENS. That is no evidence that the clothes, even if they communicated the disease, obtained their infectious power from any secretion or excretion arising from the body of the patient.

DR. STERLING remarked, in regard to the statements of Dr. Reese, that he had also read the report of the committee of the British Parliament very carefully, but did not think that clothing, bedding, mattresses, etc., had been referred to in that connection at all; it related solely to merchandise. He did not believe that merchandise would communicate the disease, but he did think that passenger's effects, such as baggage, clothing, etc., could. When the yellow fever broke out in Mobile on the 12th of August, 1853, it appeared shortly afterward at Citronelle, a small village 18 miles distant from Mobile, on the 11th of September, 1853. The principal connection between Mobile and Citronelle is by railway. The village contains about 350 inhabitants. A car proceeding from Mobile, containing baggage, stopped at the village. When this baggage car was opened, many people took the fever, and many died. Sixteen out of eighteen of the employees at the depot, besides a number of operatives, were taken with the disease, and also fell victims. Clearly in this case, the disease was communicated by the baggage which had come from Mobile, be-

cause it was ascertained that the first ones who took the disease, were those who unloaded the baggage from the cars. He did not believe that a single instance could be traced where a yellow fever patient, removed to a *pure* atmosphere, has ever communicated the disease to another. As to the spreading of the disease after it had been lighted up by these fomites, that may readily be accounted for from the fact that Citronelle had been settled but very recently; a great deal of ploughing up and disturbance of the soil had taken place; circumstances which, as is well known, are always very favorable to the spread of the disease.

A ship came from the West Indies with many yellow fever patients on board. They were distributed throughout the quarantine hospitals in alternate beds with the other patients, and yet not one instance occurred where they communicated the disease to others. From all these facts, he could come to but one conclusion, namely, that the resolution embodied the truth, and was a humane one, and he would therefore support it.

DR. PETER VAN BUREN agreed with the opinion expressed by Dr. Mott at the last meeting. He was in favor of the personal communicability of the disease under certain circumstances, but still not at all times, and requested that before the Academy was forced into a vote on this resolution, that more time should be allowed, so that opportunity might be given to produce facts showing the contagiousness of the disease.

DR. STEVENS moved an adjournment in order to give the Doctor time to bring forward a case proving that yellow fever was contagious, and this case must be derived from his own experience, and not from books.

DR. VAN BUREN replied that that was impossible for him, as he had never seen a case, and had, therefore, but little experience on the subject. He formed his opinion from what he had read.

DR. GRISCOM then moved that the resolution be adopted, upon which

DR. SAYRE moved that the whole subject be laid upon the table, which motion having precedence, it was voted upon and carried by 23 votes in the affirmative against 18 in the negative. The Academy then adjourned.

The Treatment of Tetanus by the Woorara Poison has been attempted in Paris, the *Lancet* says, by injecting into the cellular tissue solutions containing at first a tenth of a grain, then the half of a grain, and finally a whole grain. No particular effect was produced, the spasms increased, and the patient died eight hours after the experiment.

EDITORIAL DEPARTMENT.

Periscope.

Chassaignac, the popular French surgeon, recently punctured a carotid aneurism, having mistaken it for an abscess back of the pharynx. Compression failed to stop the hæmorrhage, and he immediately ligated the common carotid with complete success.

Hæmatic Capsules, (*Ibid.*)—A French pharmacien has prepared capsules containing concentrated arterial blood of the sheep, ox, etc., to be administered to weak and anæmic patients. The blood is evaporated in vacuo, and a small quantity of the phosphate of soda added, to assist the solubility of the solidified fibrine.

A case of recovery from poisoning by fifteen grains of the Acetate of Morphia, is reported in the *Union Médicale*. It was swallowed immediately after dinner, and an emetic was not administered until the patient awoke at four o'clock the next morning.

Section of the Popliteal nerve for neuralgia, with successful result, is reported in the *Lancet* by Mr. Hooker. A woman, aged twenty-five, had suffered, for the last ten years, excruciating pain in the left leg. The muscles of the limb were atrophied, and there were ulcers, said to be peculiar to disease of the sensitive nerves. Amputation was earnestly requested by the patient, and death seemed imminent from suffering and exhaustion.

The division of the nerve was accomplished in the popliteal space, but on the day after the operation, the pain was as bad as ever. From that time, the pain gradually decreased, and the ulcerations on the leg healed. At the time of the report she had not suffered any pain for eleven weeks, and her general health was greatly improved.

Live Slugs in the Human Stomach.—Mr. Dickman says, in the *Lancet*, that his patient, a girl aged twelve years, after being nauseated at times, particularly after meals, vomited up a large garden slug, which was alive and active. On the next day she vomited two more, and on the following day threw up five of various sizes, the smallest two inches long, and all alive. The nausea and the sensation

produced by still more of them crawling in the fauces and esophagus continuing, ammonia and camphor were administered until all movement ceased, and the patient appeared well.

Mr. D. states that the child was in the habit of eating lettuce in the garden, and he supposes that the slugs were swallowed while very young, and that the gastric fluids could not destroy them while alive.

Patients at the Lunatic Asylum at Zurich, who refuse to eat, the *Lancet* says, are put under the influence of chloroform. It is not necessary to repeat the operation more than two or three times to insure perfect success in overcoming the aversion to food.

Metallic Wires in Hydrocele.—The *Lancet*, at the conclusion of a report of some successful cases of hydrocele thus treated, says:—"Mr. Pollock considers the advantage of using the wire seton to be, that the patient suffers much less pain than when the sac is injected with iodine; in other respects the results are about the same."

Iodine as a disinfectant.—Bionet says, that the foulest sores may be rendered entirely free from offensiveness by applications of tincture of iodine.

Toxic Properties of Chlorate of Potash.—Mr. Osborn, in an article in the *Lancet*, cautions the profession in the use of this article. He has seen congestion of the brain and convulsions follow its use in children. He took, as an experiment, at intervals of some weeks, doses of from five to fifteen grains of the chlorate, which were followed by pain in the head, symptoms of congestion of the brain, slight paralysis of one side of the face, and loss of taste. He thinks that in all cases of disease accompanied with inflammatory fever, and where there is a tendency to hydrocephalus in children, great care should be observed.

Amputation of the Penis.—To obviate the difficulty of keeping the orifice of the urethra open after amputations of the penis, Mr. Teale advises, that the urethra be slit open to the extent of two-thirds of an inch; the skin and mucous membrane on each side are then united by sutures. A free opening is thus secured until cicatrization is completed.

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PHILADELPHIA, SATURDAY, OCTOBER 29, 1859.

LONDON COLLEGE OF PHYSICIANS.

At a time when exertions are being made by the "College of Physicians of Philadelphia," to erect a suitable fire-proof building for the reception and safe-keeping of the Mutter Museum, and a rapidly increasing library, and a suitable lecture-room, it may not be amiss to say a few words respecting its ancient English prototype, the London College of Physicians. We shall do so; not so much as a matter of history, but that we may have the opportunity of noting the liberality of the founder and first presidents of this latter body. The college was constituted as a corporate institution by letters patent from Henry the VIII., in 1518. Its early meetings were held in the house of its first president, Dr. Thomas Linacre, the first English translator of the works of Galen. Not content with founding two medical lectureships at Oxford, and the same at Cambridge, he bequeathed to the college his house, in which, during a period of seven years, or up to the time of his death, in 1524, it had held its meetings. Dr. John Cains, or as he was sometimes called, Kaye, or Key, succeeded Linacre in the presidency. Like him, he had traveled in Italy for his improvement in the study of medicine, and after having resided in Padua and Bologna, where he took his doctor's degree, and was for some years Greek Lecturer, he pursued his travels through Germany and France. After his return, he obtained permission to advance Gonville Hall, Cambridge, into a College, under the name of Gonville & Cains College, on the condition of enlarging the institution at his own expense; and in order that he might devote himself the more entirely to his favorite project, he resigned the presidency of the College of Physicians.

We must hold in grateful recollection the liberality of Cains, when we know that the ever celebrated Dr. William Harvey was of Gonville & Cains College. Like his predecessor, he visited France, Germany and Italy,

in order to perfect himself in the science of medicine. At Padua he studied under the most eminent professors of that University, then at the height of its reputation; and in the Anatomical School of Fabricius he caught the first idea of his great discovery, by attributing their true office to the valves of the veins, exhibited, but not explained, by his master. In 1616 or 1619, Harvey announced and explained his discovery in his lectures before the College. He was unanimously elected President of this body in 1654, but he excused himself from filling the office on account of his age and infirmities. This circumstance did not, however, prevent him from evincing his attachment to the College by *donationes inter vivos*, the most useful and sincere of all donations; and in 1656, two years before his death, he made over his personal estate in perpetuity for its use. In a garden belonging to the College, Harvey had built at his own expense, an elegantly furnished convocation room, and a museum filled with choice books and surgical instruments. These buildings he presented by a deed of gift to the College. The institution was further enriched by the will of Sir Theodore Mayerne, Physician to Charles I. and Charles II., who left to it his library.

The College of Physicians of Philadelphia can also point to the names of its munificent donors—Mütter, in the bequeathing of his museum and a fund of thirty thousand dollars for its support and increase, and Betton, in his gift of a rich library. With such examples, there cannot be a lack of funds for the erection of the contemplated building, from the wealthy members of the profession. Nor need the stream of liberality flow from this source alone. A share may well come from the general community, which has a direct and permanent interest in whatever is calculated to sustain the dignity and extend the usefulness of the science and art of medicine.

PENNSYLVANIA HOSPITAL.

For the first time this season, we stepped into the amphitheatre of the Pennsylvania Hospital, a few days ago, during lecture hour,

where we had the pleasure of hearing Dr. J. Forsyth Meigs, whose first term of service expires, we believe, this week. The class was very large, intelligent, and attentive.

It is due to Dr. Meigs, to say that we formed a very favorable opinion of his abilities as a clinical teacher. Of the *matter* of his clinical instructions, our readers can form some idea from the outline of his remarks which have appeared from week to week in our pages. His *manner* is earnest, impressive, and calculated to fix the attention of the student, and he evinces an interest in, and acquaintance with, the cases he brings forward to illustrate his theme, which shows that he is familiar with his subject. His appointment to this responsible post is creditable to the judgment of the trustees of the hospital.

Dr. Meigs will be succeeded by Dr. Gerhard, who has long been a favorite clinical instructor in this time-honored institution.

Correspondence.

KAPPA-LAMBDASISM AND THE LONG ISLAND COLLEGE HOSPITAL.

Brooklyn, October 10th, 1859.

That nefarious organization which, under the innocent pretence of a social gathering of congenial physicians, had no other aim than to rule both the profession and the public hospitals of New York and its adjoining cities, is still at work. The revelations concerning this selfish and impudent body, and the severe attacks upon its machiavelian policy, have as yet borne no fruit. The Kappa Lambda Society has become cautious, that is all, and manages its affairs with more secrecy and shrewdness, in order to soothe the public indignation; but it has by no means yielded.

It is true that the Kappa Lambdas were defeated in some of the appointments of Bellevue Hospital, and they had to submit to the introduction of outsiders. It is equally true that they were badly beaten in the famous Whitney case, involving a most outrageous intrigue against Dr. Green. But, by degrees they will recover from their misfortunes, and re-establish their power on a firm footing. The past history of that society is highly suggestive in this respect. When the Kappa Lambdas lost their influence upon the New York County Society, they framed the Academy of Medicine, and had their undisputed sway. Since they have become con-

vinced that their reign is seriously endangered by intruders, they have thought of a new scheme, and the association of alumni has been found a most appropriate substitute. Thus we see that the fertile mind of these schemers is inexhaustible in new devices to secure their hegemony, and unless carefully watched and denounced in every one of their movements, the profession will have to suffer in one way or an other.

Whilst some of the late opponents of the Kappa Lambda society, flatter themselves with the sweet hope of having most effectually annihilated the organization, resting self-contentedly from their extraordinary labors, we have to put on record a new action in which that body glorifies. And this is no more or less than the destruction of the Long Island College Hospital of Brooklyn. Your readers will still remember that this institution, some eighteen months ago, was solemnly inaugurated under the most auspicious circumstances. In its establishment the most wealthy citizens of Brooklyn, and some of the best and most energetic medical men had embarked. Under their fostering care it rose in a comparatively short time to some eminence, so as to cause the apprehension and jealousy of the notorious New York clique. The plans were thereupon laid, and succeeded admirably, first to deprive the Long Island College Hospital of one of its most efficient medical officers, and subsequently they brought the whole enterprise to a perfect stand-still. The attempt to convert it into a filial institution of the New York College of Physicians and Surgeons, and to fill its respective chairs with the sycophants of the latter, signally failing, they tried to append it to the City Hospital of Brooklyn, whose officers are mostly adherents of the Kappa Lambdas. But this piece of impudence was rather too strong for the Board of Regents, and prevented by their charter to free themselves of the obnoxious medical counsel, and to place the institution in better and honest hands, they preferred the destruction of the institution. And this is the last you will hear of the Long Island College Hospital.

Though the Kappa Lambdas were not powerful enough to accomplish their plan of annexation, yet they were wicked and strong enough to destroy the enterprise, and this is most assuredly a partial victory.

The same party policy rules over the fate of our County Society, and has brought it more than once to the brink of destruction. At the present there is again a faint rise of energy, instigated by the competition of a rival society, but that will soon be at an end, and we shall again pull our night-cap over our ears and sleep soundly.

But, you will be anxious to know the names of the crafty undertakers. I hardly think it would be wise to give them notoriety beyond our city limits.

This much, however, I may let you know, that they are Kappa Lambdas, and the initiated of its oracle. You have never crossed them where science has erected its throne, or where acts of charity are needed. They are, in fact, the veritable know-nothings of the profession.

News and Miscellany.

Medical Board.—A board of medical officers of the army will assemble in Washington city on the 1st of November, to examine, select and report upon the models of ambulances which will be submitted to them, with a view to the selection, for the public service, of such model as they may think most suitable. They will also examine the present standard supply table with reference to field service, and make suggestions thereon as they may deem expedient. The following officers will compose the board—Surgeons C. A. Finley, R. S. Satterlee, C. S. Triplett, and M. Cuyler; Assistant Surgeon R. H. Coolidge to be recorder of the board.

Liberal Bequests.—The late Mary M. Ricketts, widow of Philip Ricketts, among other bequests, amounting in the aggregate to \$35,000, left \$10,000 to the Pennsylvania Hospital, and \$5,000 to the Hospital of the Protestant Episcopal Church, of this city.

The Cleveland Medical Gazette will please notice that they have erroneously announced Dr. D. F. Condie, of this city, as President of the *Michigan State Medical Society*, instead of the *Medical Society of the State of Pennsylvania*. The compliment paid to him in the announcement, is deservedly bestowed.

Leave of absence for sixty days, with permission to apply for an extension of four months, has been granted to Assistant Surgeon C. T. Alexander, Medical Department.

James McMaster, of Pittsburg, has been commissioned as Assistant Surgeon of the Navy.

Lebert, the distinguished Physiologist, has been offered the Professorship of Clinical Medicine in the University of Breslau, made vacant by the resignation of Frerichs, who succeeds Schönlein at Berlin.

Dr. Theophilus Thompson has resigned from the Consumption Hospital at Brompton.

The Humboldt Institute.—The *Scientific American* says that "immediately after Humboldt's death, a meeting of ministers of state, foreign ambassadors, and men of science and of business, was held in Berlin, in order to determine in what way they might best testify their respect for his memory. It was unanimously deemed best that Humboldt's monument should be one which might exert a living, active influence, by promoting the advancement of the sciences, and especially those in which he took particular interest. It was decided to inaugurate a movement which should not be limited to his own city or nation, but which, extending beyond the boundaries of Prussia, of Germany and of Europe, should be shared in by the whole civilized world. A committee of nineteen was appointed to carry out these views, and has issued a public address, inviting contributions for the foundation of an institution dedicated to Humboldt's memory, bearing his name, and devoted to the furtherance of the sciences in whose field he most labored—especially to natural history and geography in its widest sense.

The plan contemplates the equipment of able men for special researches and explorations, the immediate selection to be made by the Royal Academy of Sciences at Berlin. It is intended that the funds shall be employed to enable men of known ability to prosecute special researches attended with expenses beyond their means.

Contributions will be received and transmitted by Dr. Jacob Bigelow, President of the American Academy in Boston, and by Professor Louis Agassiz, or Dr. B. A. Gould, Jr., in Cambridge, Mass."

Royal Modesty.—Prince Albert, as President of the British Association for the Advancement of Science, which lately met at Aberdeen, made an introductory speech which does him great credit, as he paid the highest possible compliment to those who are engaged in scientific pursuits. He said his election was an act of humility on the part of the members of the association; but although he felt unworthy of occupying his position, yet it would have appeared like pride on his part if he had refused the honor. He accepted the situation as the representative of the people and as the husband of the Queen, to testify their appreciation of the labors of the Association for the Advancement of Science. We give the following paragraph from his speech:—"Science is not of yesterday. We stand on the shoulders of past ages, and the amount of observations

made and facts ascertained have been transmitted to us and carefully preserved in the various storehouses of science. Other crops have been cut, but still lie scattered on the field; and many a rich harvest is ripe for cutting, but waits for the reaper. Economy of labor is the essence of good husbandry, and no less so in the field of science. Our association has felt the importance of this truth, and may well claim, as one of its principal merits, the constant endeavors to secure that economy."—*Scientific American.*

Dr. James Laws, of the U. S. Navy, and lately from a cruise on the coast of Africa, has given us the following description of the manner in which the negroes on the coast administer an enema. A conical gourd having a hole in each end, is filled with an infusion of some herbs, and the narrow end introduced into the anus. A person then applies his mouth to the hole in the large end of the gourd, and the liquid is forcibly blown into the rectum.

Prince Albert has given £100 toward the proposed Humboldt foundation for Physical Science and Travel.

An unusual number of students, it is said, have entered the Medical Colleges of London for the present session.

Baron Liebig has broken his leg. He is said to be getting along comfortably.

The success in the treatment of the wounded in India, is said to be greatly owing to the use of the *dooley* for their conveyance.

Dr. S. W. Gross will commence a practical course on operative surgery, on the first of November. Lectures and demonstrations will be given, and each student will have an opportunity of performing operations on the cadaver, under the directions of the lecturer. (See his advertisement.)

Dr. D. D. Richardson will commence his course of lectures and clinical instruction on thoracic diseases at his rooms, Sansom street, below Tenth, on Monday next. Opportunities for practical examination of patients will be given in the Philadelphia Hospital.

We direct attention to an advertisement offering the sale of an eligibly situated Drug Store.

One hundred and twenty persons perished in the Franklin expedition. . . . The cornelian, a beautiful variety of quartz, much used in jewelry, has been recently found in abundance on the shores of a small lake in Minnesota. . . . The brilliancy of the oxy hydrogen or drummond-light has been increased by emitting the jets of gas under pressure of a force-pump, while the lime upon which they are thrown is made to revolve, presenting continually a new surface to the flame. . . . Dr. Watson, a British Naval Surgeon, was wounded during the recent battle in China. . . . The body of the late King Oscar, of Sweden, was injected with a mixture of arsenic, turpentine and essential oils. . . . The only medical relic of the Franklin expedition, secured by the successful searching company, is a medical prize medal, which had belonged to Surgeon McDonald, of the expedition. . . . An extensive and fatal epidemic of dysentery is prevailing in Norway. . . . Tungsten, a hitherto useless metal has recently been combined with iron, and a compound, equal in hardness to steel was the result; fine cutlery has been made from it. . . . The apothecaries of Ghent have made an arrangement among themselves, by which a prescription, or its copy, which may be prepared by another pharmacien, shall be marked with its original price, so as to prevent under-selling. . . . Dr. Jewett, of Boston, has ascertained that the horse chestnut will produce starch abundantly; he has extracted it in such quantities that it is supposed that it may be done profitably. . . . The course, which it is now known, was followed by Sir John Franklin and party, is the one which years ago was indicated by Dr. King, who volunteered at the time to conduct an expedition for their relief. . . . Hugh Miller's Museum is to remain in Edinburgh. It is valued at fifty thousand dollars. . . . The Prince of Wales has entered as a student at the Edinburgh University. . . . De Lapeyronie and Barthez are to be honored with statues at Montpellier. . . . Prince Albert is for this year, President of the British Association. . . . Humboldt's library, which was announced as having been purchased first by the American and then by the British Minister at the Court of Berlin, has not after all been sold, but is being catalogued, and will be kept in Berlin. . . . The cost of disinfecting the Thames, at London, during last summer, was more than eighty-eight thousand dollars. The disinfectants used were 4,281 tons of chalk lime, 478 tons of chloride of lime, and 56 tons of carbolic acid.

Erratum.—In our last number, on p. 99, third line from bottom of second column, for "acetate of potash 3j every four hours," read 3j. Subscribers will please turn to that number and make the correction.

To Correspondents.

W. E. A., Indiana.—We would consider the name of *Powers, Weightman & Co.*, as a sufficient guarantee for the quality of any article bearing their label.

Dr. A. G. W., Pittsburgh.—Artificial eyes may be obtained from L. C. Banerach, German importer, No. 502 Market street, who has the largest assortment in this city. The price is, we believe, ten dollars.

COMMUNICATIONS RECEIVED.—*Conn.*, Dr. John B. Lewis—*Geo.*, Mr. Solomon Cohen—*Illinois*, Dr. J. M. Mack—*Ky.*, Dr. G. W. Ronald, (with encl.)—*Mass.*, Dr. G. W. Snow, (with encl.)—*Md.*, Dr. W. S. Forwood—*New York*, "Gotham," Dr. Ch. F. J. Lehlbach, Dr. L. Elsberg, Dr. M. Stephenson, Dr. H. Adams—*N. C.*, Dr. W. T. Howard, (with encl.)—*Ohio*, Dr. P. H. Clark, Dr. D. G. Proctor, Dr. P. W. Chase, Dr. Geo. Liggett, (with encl.)—*Penna.*, Dr. A. G. Walter.

Office Payments.—*Drs.* F. E. Luckett, J. E. Garretson, Jno. F. Lamb, B. M. Collins, W. S. Forbes, J. F. Shaffner, L. E. Nordman.

MARRIAGES.

ANDERSON—HIGBEE.—In New York, Oct. 24th, at St. Andrew's Church, by Rev. Geo. B. Draper, C. Van Allen Anderson, M. D., and B. Alice, second daughter of Rev. E. Y. Higbee, D.D., all of that city.

BUTLER—SPARKS.—In Van Buren, Ark., Sept. 27th, by the Rev. Thomas H. Urnston, James H. Sparks, Esq., junior editor of the Fort Smith, Ark., *Times*, and Miss Abbie Sarah Butler, daughter of the late Dr. Elisur Butler, of that city, and sister of the senior editor of this journal.

KENNEDY—PATTERSON.—On the 12th instant, at Fairview, Lancaster county, Pa., by the Rev. C. W. Stewart, Dr. David D. Kennedy, of Oxford, Pa., to Miss Harriet, daughter of James Patterson, Esq.

STONES—HART.—On the morning of the 11th instant, by the Rev. Dr. Ducachet, Theodore H. Hart to Carrie S., daughter of Samuel Stones, M. D., both of this city.

THURSTON—BUTTS.—At Westerly, R. I., Oct. 12th, Mr. Isaac Butts, of Boston, to Eliza, eldest daughter of Dr. Wm. Torrey Thurston, of Westerly.

YOUNG—YOUNG.—On the 13th instant, at "Kennilworth," the residence of Dr. Wm. Young, by the Rev. Wm. A. Sproule, Wm. Young, Jr., M. D., of Philadelphia, to Elizabeth J. Young, of Pittsburgh, Pa.

DEATHS.

BROWN.—At Newport, Perry county, Pa., on the 18th instant, Robert S. Brown, M. D., aged 38 years, 8 months and 24 days.

BARRATT.—The Abbeville (S. C.) *Press* says:

"We regret to announce the death of Dr. J. P. Barratt, a well known and highly respectable citizen of our district. The doctor had long been affected with cancer of the stomach, and his death was not unexpected. He was a man of strong and vigorous mind, and had made no ordinary attainments in science. In the various departments of natural history, we suppose that he had few equals in the State, and he enjoyed the friendship and esteem of Bachman, Agassiz, and other distinguished names. He was a man of high character—a noble gentleman and a public spirited citizen. His death is a public loss."

Dr. Barratt's name has long been familiar to us as one of the most prominent physicians in his State. The medical society records, and the medical journal of South Carolina contain, evidences of his talent and industry. We trust that his mantle has fallen on some one who will prove a worthy successor.

ADVERTISEMENTS.

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A Monthly Record of Dental Science.

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REFERENCES.

JOSEPH PANCOAST, M.D., Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.

D. HAYES AGNEW, M.D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.

ABRAHAM HAWSON, M.D., Surgeon to Wills Hospital.

J. DA COSTA, M.D., Physician to the Episcopal Hospital.

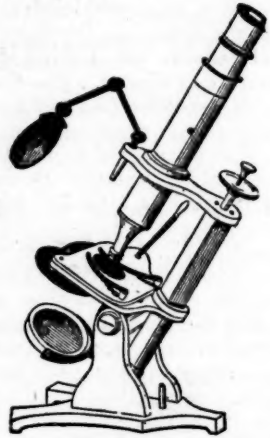
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Also to the EDITORS OF THIS JOURNAL.

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